

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2008 8:00 am
Secretary of State

08-18-2008 90050 022 ***538.75

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DOCUMENT # L06000066201 1. Entity Name ATISOR INVESTMENTS, LLC					
Principal Place of Business 235 CENTRAL AVENUE UMATILLA, FL 32784			Mailing Address PO BOX 1847 UMATILLA, FL 32784		
2. Principal Place of Business - No P.O. Box # 50 N. Pine Avenue		3. Mailing Address POBox 1847			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Umatilla, FL		City & State Umatilla, FL		4. FEI Number 205190214 NOT APPLICABLE	
Zip 32784		Country Lake		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMIREZ, MARTA C 4820 BRITT ROAD MOUNT DORA, FL 32757			7. Name and Address of New Registered Agent Name Katrina M. Thomas Street Address (P.O. Box Number is Not Acceptable) Stone & Gerken, P.A. 4850 N. Highway 19A City Mount Dora FL Zip Code 32757		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Katrina M. Thomas <i>Katrina M. Thomas</i> 8/15/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GARCIA, JORGE L 50 N PINE AVE(PO BOX 1847) UMATILLA, FL 32784	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GARCIA, ROSA 50 N PINE AVE(PO BOX 1847) UMATILLA, FL 32784	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			SIGNATURE: <i>Jorge L. Garcia</i> Jorge L. Garcia		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			8/15/08 352-615-8955 <small>Date Daytime Phone #</small>		